

2009-277-T

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Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY
OF

Bonn Ibekwe dba A-Quality Transport

Exact Legal Name of Respondent

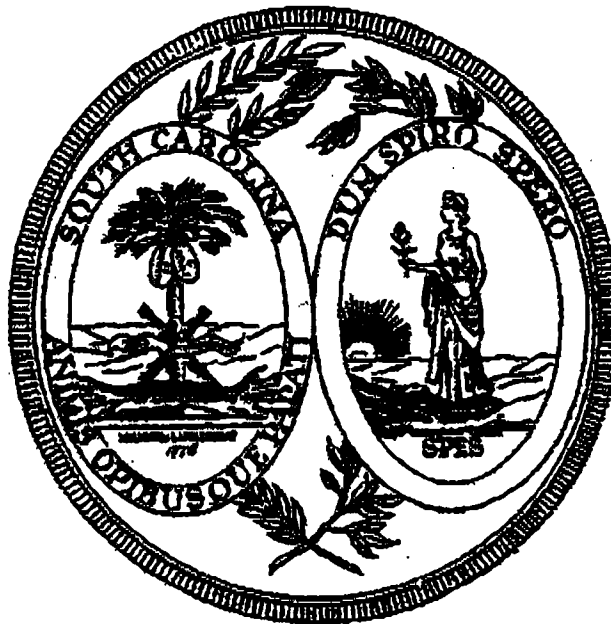
PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2008

☐ Calendar Year Ending December 31, 2008

or

☐ Fiscal Year Ending _____



STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for Reinstatement of Class C Charter Certificate

Bonn Ibekwe dba A-Quality Transport

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2005 - 211 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Bonn Ibekwe

Telephone:

* (864) 277-6811

Address:

* 28 FAIRMONT DRIVE
* GREENVILLE, SC 29605
*

Fax:

* (864) 335-7009

Other:

Email: * qq/trans@yahoo-com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☒ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE:

* 10/20/09

Please consider this an application for Reinstatement of my Class C:

- ☐ (Taxi) Certificate
☒ Charter Certificate
☐ Charter Bus Certificate
☐ Non-Emergency Certificate

My Certificate of Public Convenience and Necessity No. is 7609-C My certificate was
revoked/cancelled on 10/14/09 because of failure to submit

~~a 2008 Annual Report~~ ~~***~~ I seek re-certification because I believed that my Tax preparer
mailed the Annual Report to you. And I have been out of the Country for 3 months, so
I was not able to respond to your inquiries regarding to this matter.

Bonn Ibekwe
(Name of Company)

DBA A - Quality Transport
(if applicable)

* 28 FAIRMONT DRIVE
(Street Address)

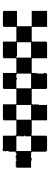
*
(Mailing Address if different from Street Address)

* GREENVILLE, SC 29605
(City, State, Zip Code)

* Bonn Ibekwe
(Signature)

* (864) 277-6811
(Telephone Number)

* Owner
(Title)



FAX COVER PAGE

From: BONN IBEKWE A-Quality Transport

Fax number: (864) 335-7009

To: Docketing Dpt. Public Service Commission

Fax number: (803) 896-5199

Date: _____

RECEIVED
OCT 20 2009
PSC SC
DOCKETING DEPT.